



Submission on draft National Obesity Prevention Strategy 2022-2032

November 2021



251 Morphett Street, Adelaide, SA 5000
GPO BOX 1146, Adelaide SA 5001
08 8226 3355 | commissionercyp@sa.gov.au

Introduction

Thank you for the opportunity to provide feedback on the draft National Obesity Prevention Strategy 2022–2032 (the Strategy).

As South Australia's Commissioner for Children and Young People, my mandate is to promote and advocate for the rights, interests and wellbeing of all children and young people in South Australia, with particular regard to those whose voices are not usually heard. It is also my role to ensure State, at all levels of government, satisfies its international obligations under the United Nations Convention on the Rights of the Child (UNCRC).

As reaffirmed by the WHO Commission on Ending Childhood Obesity, childhood obesity is associated with health inequalities and therefore impacts State obligations under the UNCRC. This includes giving effect to a child's rights to enjoy the highest attainable standard of health and living, including access to adequate nutritious foods and material assistance to support child health and nutrition (Articles 24 and 27); as well as the rights of every child to play and engage in recreational activities (Article 31); non-discrimination (Article 2); education (Article 28); and to freely participate in decisions that affect them (Article 12).

This is also reflected in the Sustainable Development Goals (SDGs), which include goals to 'end hunger, achieve food security and improved nutrition and promote sustainable agriculture' (Goal 2) and to 'ensure healthy lives and promote well-being for all at all ages' (Goal 3).

Since 2017, I have engaged with thousands of children and young people across regional and metropolitan South Australia about the issues affecting their lives and what matters most to them.

Being healthy is important to children and young people. They're clear about how healthy kids feel and what a healthy kid does: a healthy kid is happy, can do anything, plays, has fun, and is active. A healthy kid eats healthy food including fruit and vegetables, and sometimes has treats.

Children and young people link their opportunities to 'be healthy' and 'stay healthy' to the following:

- Their family's ability to afford the costs of participation in sport and other extracurricular activities (including at school), healthcare, transport, food and hygiene products;
- Feeling confident, safe and connected in their own bodies and in their communities, including their relationships with others and having opportunities to gather in youth-friendly places that are comfortable and welcoming, and where they can 'hang out' without fear of being 'hassled, judged or moved on';
- Being able to get to school, work and leisure venues on affordable, accessible and safe transport; and
- Being included in the design of public institutions, spaces, programs, and facilities.

These themes should be key considerations in national obesity prevention efforts insofar as they influence the opportunities available to children and young people to eat well, sleep well and stay physically active as they get older.

As such, this submission recommends ‘examples of actions’ that specifically address poverty, play, transport, body image and make health services more child and youth friendly. It links these actions to the relevant draft Strategies and identifies leaders and decision makers across government, community and business who are best placed to lead this change. These actions require funding to ensure they can be implemented at scale and in a sustainable way that does not depend on the capacity of individual schools or communities.

Summary of feedback

I welcome the Strategy’s focus on prevention and consideration of the broader systems and communities that shape the lives of individuals.

I understand that the Strategy is designed to be flexible in terms of how it is implemented. However, for this Strategy to meet its stated goals and to make any material change in the lives of children across Australia, this office recommends further detail in regard to the following:

How can the ‘examples of actions’ be more specific, practical and feasible to ensure the goals can be achieved?

While the draft Strategy makes clear the **need** for change to prevent and reduce obesity, many of the ‘examples of actions’ read more like statements of goals in themselves than practical actions to progress a certain goal. The final Strategy would benefit from an equally strong focus on the **potential** for change – that is, the range of practical and specific actions that are most likely to:

- a) Address the complex social, environmental, biological and psychological factors that influence health inequalities and overweight and obesity rates; and
- b) Lead to positive and practical change to increase affordability, accessibility, availability, desirability, acceptability and quality of opportunities available to children and young people to have healthy food and drink, and spaces to play.

How can the ‘examples of actions’ focus as much on systems and structures as individuals?

Despite the Strategy’s stated focus on systems, many of the examples of actions are largely focused on individuals. While such actions form part of obesity prevention, such a focus risks reducing a complex health issue to a matter of individual choice, knowledge or willpower, contrary to the Strategy’s goals.

Research from Nesta and the Behavioural Insights Team in the UK shows that there is a disconnect between public perceptions and the evidence base regarding the effectiveness of obesity prevention efforts.ⁱ While evidence suggests changing food environments is more effective than trying to educate or change the behaviour of

individuals, public understanding is often based on the widely held belief that maintaining healthy weight is individual's responsibility.

Increasing the viability of certain obesity prevention strategies in Australia therefore requires a better understanding of the link between attitudes and behaviours (Enabler 2). It is important for the Strategy to guide actions that seek to both challenge norms and assumptions that perpetuate weight stigma and to promote healthy opportunities, attitudes and behaviours.

How do the proposed 'examples of actions' interact or depart from previous or existing practice, evidence or policy levers?

It is recommended that the final Strategy draw on existing evidence, services, organisations, policies and practice, or 'things to build on' with reference to previous or current initiatives that may be effective, scalable, and thus benefit from future investment.

Although the draft Strategy is intended to complement existing commitments or 'current approaches' at state and territory level, there is a lack of detail about which actions are being used successfully already somewhere in Australia or other jurisdictions, leaving it unclear which actions have the potential to be the most effective, sustainable or viable to implement.

Who is responsible for actions?

While a governance mechanism is to be established to oversee the Strategy's implementation, the final Strategy would benefit from more detail about who is best placed to lead example actions. A clear indication of which agencies or actors across government or the community have the potential to share responsibility for different actions will increase the effectiveness of the Strategy's implementation.

My reports and further detail about my recommendations, based on my direct engagement with children and young people in South Australia, can be found on my website at <https://www.ccyp.com.au/ccyp-reports/>.

If you have any questions or would like to discuss anything further, please feel free to contact my office.

Yours sincerely,



Helen Connolly
Commissioner for Children and Young People SA

POVERTY

Children and young people have consistently raised concerns about the impact of cost-of-living pressures and financial stress on their own lives, their families and other young people they know.

Beyond the material aspects of poverty, children and young people focus on the emotional and social aspects of ‘missing out’ and the impacts of ‘poverty stress’ on their family lives, confidence, social lives, connections and participation at school and in the community.

Although parts of the Strategy briefly refer to ‘changing social and economic structures’, the focus of actions remains largely on the ‘choices’ of individuals and families. For families living in poverty, ‘healthy choices’ are a privilege or luxury that is not available or affordable to them. As such, obesity prevention strategies should go beyond building ‘knowledge’, ‘skills’, ‘time’ or motivation’ and invest in a range of strategies that provide financial support and practical resources support access to nutritious food and physical activity.

While children and young people recognise that having access to healthy food is important, the reality of poverty and cost of living pressures means that many children and young people do not have the same healthy food choices or options as others. This not only has a long-term impact on a child’s health and well-being but also affects their ability to engage in their education and participate in extracurricular activities in the short term.

The draft Strategy acknowledges that 1 in 4 Australians who seek food relief each month from charities and community groups are aged under 19 years. The ‘examples of actions’ should reflect this.

While some schools already offer meal programs, there are few consistent, systemic programs and it can be difficult to find affordable healthy breakfast and lunch options when cost is a barrier. A 2020 Rapid Evidence Review on School Meal Provision by the University of Sydney found that free or reduced-price school meal programs increases student participation and has a role in protecting vulnerable children from food insecurity.ⁱⁱ

In a similar way, children and young people living in poverty describe how ‘fun’ or ‘additional’ activities like physical activity are ‘luxuries’ generally not available to them when their family’s entire focus is on surviving or ‘the necessities’.

“Poorer kids should have a try at things so they are included. They can’t do a lot for free.”
– 13 year old

“Prices of housing, education etc. continue to increase. Government funding is not sufficient enough to support individuals living in poverty.”
– 15 year old

Many young people also raise concerns about the affordability of health care, including the cost of treatment and travel to appointments, and how letting small issues escalate into major ones can often be unavoidable due to costs.

For young people who are unable to afford hygiene items such as period products, deodorant, toothpaste and soap, this has significant impacts on physical health and confidence to participate at school, in sport and community.

Recommended Actions

It is recommended that the final National Obesity Prevention Strategy include the following actions, which are intended to alleviate poverty-related barriers to physical activity and healthy food and drink consumption, including play poverty, period poverty and food poverty:

Recommended Actions	Relevant Strategy
Provide free school breakfast and lunch programs in primary and secondary schools, with priority given to communities with a high proportion of low-income families.	Strategy 1.2, 1.3 and 1.10.
Expand the existing Sports vouchers and subsidies through increasing the amount available and including physical activity beyond organised sport, including dance, Scouts or Girl Guides.	Strategy 1.9.
Provide free public transport to children and young people in low-income families to support their active participation at school and in community activities.	Strategy 1.8.

Who is best placed to lead action?

Either individually or through partnerships across sectors, the following actors may be best placed to share the responsibility for the above actions and lead sustainable and scalable change, with input from children and young people:

- All levels of government.
- Schools and Education Departments.
- Planners and decision makers across Transport and Infrastructure.
- Community organisations.
- Sporting organisations.

PLAY

Play is critical to children and young people's health, development and wellbeing. It is also the right of every child to 'engage in play and recreational activities appropriate to their age' (Article 31 of the UNCRC).

Despite this, between early childhood and primary school, we lose sight of the importance of play for teenagers, instead viewing it as an activity only relevant to young children.

Although the draft Strategy highlights that very few young people are meeting physical activity guidelines, there is little acknowledgement of the wide range of individual, cultural and systemic barriers that influence this. There is scope for the final Strategy to better address the following barriers to physical activity and participation in organised sport, particularly as young people transition into high school:

- Not having enough money;
- Not having enough time or energy due to school, homework, work and other commitments,
- Difficulty getting to transport,
- Needing support or permission from an adult;
- Not knowing what opportunities are available;
- Difficulty finding opportunities that are 'fun' and social;
- Not feeling confident about physical ability or body image, influenced by gender stereotypes.

It is also critical that we create infrastructure and public spaces that support young people to play and be active. Community infrastructure is often designed by and for adults or for younger children, leaving few spaces and opportunities built for those who are under 18 but over the age at which playgrounds are fun, particularly young girls. Many young people feel marginalised in public spaces over which they have little sense of ownership or belonging. MacDonalds is a place young people 'hang out' frequently because there is free wifi, cheap food and it is a welcoming environment.

It is important to children and young people that they can choose what kinds of play and physical activity they are involved in, based on their own interests and ideas and whether this is structured or unstructured. Many children and young people have raised what they see as significant inequity when government assistance is provided for formal sports but not for other outdoor or physically active pursuits such as dance, Scouts, Guides, and other recreational activities.

"I love sport but its not for everyone so you need to support non mainstream activities such as Scouting climbing chess clubs etc...you need to help the youth find their tribe if that's sport great but if its not don't abandon them"
– 17 year old, male

Children and young people today actively use technology as part of their play, including their physical activity outdoor with games like Pokemon Go or applications like Strava that track physical activity. Their 'screen time' is simply part of their everyday and key to their connections with people, places and services around them, from checking public transport timetables and planning journeys on phone-based map services to their homework.

The draft Strategy reinforces what appears to be an unhelpful dichotomy between physical activity, on the one hand, and screen time, on the other. There is an opportunity for the final Strategy to outline specific actions that understand and address the reality of young people's lives, including the interaction between their online activity and offline physical activity.

Recommended Actions

Recommended Actions	Relevant Strategy
Establish grants programs that reduce or eliminate the cost and increase the availability, affordability and accessibility of opportunities for active play, ensuring opportunities are: <ul style="list-style-type: none"> • for a range of ages; • gender-inclusive; • specifically designed for high school students and environments; • for children and young people living in regional communities; • designed with input from diverse children and young people; • extend financial support to families, including for transport and equipment; and • fun and social as well as serious and competitive. 	Strategy 1.7.
Provide free school uniforms and sports kits to all students in low-income families.	Strategy 1.10.
Expand the existing Sports vouchers and subsidies to include physical activity beyond organised sport, including dance, Scouts or Girl Guides.	Strategy 1.9.
Explore ways to embed digital technology into physical activity and recognise the potential for digital technology to be used as part of physical activity rather than equating screen time with inactivity.	Strategy 1.7 and 2.5.
Expand free public wifi networks across public buildings, public transport and community infrastructure.	Strategy 1.7.

Who is best placed to lead action?

Either individually or through partnerships across sectors, the following actors may be best placed to share the responsibility for the above actions and lead sustainable and scalable change, with input from children and young people:

- All levels of government, particularly leaders and decision-makers across Transport and Infrastructure, Recreation and Sport, Education and Health portfolios.
- Urban planners.
- Schools.
- Sporting clubs.
- Community organisations involved in the design and delivery of play and leisure activities.
- Business sector.

BODY IMAGE

From a very young age, children are exposed to expectations about how their bodies should look and how they should behave. This is often based on gender stereotypes. Although young girls and boys navigate these experiences differently, the pressure to have a certain body has significant impacts on the self-esteem, confidence and participation in physical activity of all children, regardless of gender.

Many young women describe the pressure they feel to ‘fit the beauty standards’ of the day, to have an ‘hourglass figure’ and to fit into a certain body shape, often shown to them through social media platforms such as Instagram or Tik Tok.

They reflect on the impact of the constant and often contradictory messaging promoting ‘fatphobia’ and ‘diets’ and telling them they must have ‘curves’ to be feminine and desirable, but that they still need to be skinny, petite and smaller than boys. Young women also share their frustrations about not being able to wear shorts or pants without being labelled ‘boyish’, a ‘lesbian’ or a ‘tomboy’. Boys are not subject to as many rules and restrictions about what they should or should not wear.

Young people tell us that it is more acceptable for boys than girls to have a range of body weights and sizes, with boys and girls often describing men as ‘fat’ or ‘chubby’ whereas women were expected to fit into a narrower mould of ‘skinny’ or ‘curvy’ but ‘not fat’.

“Even with the body positivity movement, companies use new ways to make women conscious of their appearance. For example, years ago ‘hip dips’ were not on women’s radar, now Instagram accounts tell us not to worry about them but we weren’t worried about them before that. It’s like influencers are finding new ways to subtly shame women and subverting the true meaning of the body positivity movement.”

– Year 9-11 student, female

Gender stereotypes about appearance, body image and stigma about weight are often the basis of bullying becomes more common, particularly as young people navigate the physical, social and emotional changes of puberty and the transition to high school.

Bullying and ‘fat-shaming’ does not only come from peers, but also from family members and trusted adults, which can negatively impact a young person’s self-esteem and relationship with food and physical activity. When asked what is the worst thing about being a kid in my annual postcard engagement project, an 11 year old girl responded: ‘when my nanny fat shames me or ... When my aunty tells me things like ‘shave your legs’ or ‘act more like a lady’.

Through my engagement with young people about relationships and sexual health education as well as menstruation education, many young people talk about the lack of knowledge they have about their own bodies, about what is ‘healthy’ or ‘unhealthy’.

This highlights the need to educate and empower children and young people to critically analyse the messages they are receiving – from peers, family, media and social media – and balance these messages with health-promoting attitudes and behaviours that reduce

stigma. This includes increasing their understanding of factors that influence weight beyond food and physical activity, including medications, hormones.

While the draft Strategy seeks to ensure people can ‘overcome the potential harm from online lifestyle advice by unqualified influencers who share opinions rather than evidence’, the final Strategy should better understand and leverage who has influence in shaping public attitudes and behaviours, particularly for children and young people.

This includes both who young people trust in their communities but also who influences them online, the people they have never met but who may have significant influence. The reality is that these could be effective people to lead actions, particularly given that UK research has found that the government may not be the most trusted messenger.ⁱⁱⁱ

Recommended Actions

Recommended Actions	Relevant Strategy
Explore evidence-based ways to challenge norms that perpetuate weight stigma, and promote balanced health-promoting attitudes and behaviours through a variety of means and considering the role of: <ul style="list-style-type: none"> • Media and social media advertising campaigns; • Role models, celebrities, and ‘influencers’, including athletes; • Schools; • Community organisations; • Parents and families. 	Strategy 2.2.
Review school and sporting club policies and practice with a view to address menstruation-related barriers to participation in sport or physical activity, including: <ul style="list-style-type: none"> • Unreliable access to period products; • Sports uniforms and school uniforms that restrict participation or compound embarrassment while on their period (eg. White shorts). 	Strategy 1.9.
Universities and professional associations ensure preservice and practicing teachers and health professionals have access to information and skills to challenge weight stigma and support health-promoting attitudes and behaviours.	Strategy 2.3 and 2.4.
Review health and physical education curriculum and anti-bullying policies and ensure they specifically address gender-based bullying and harassment in schools, including weight stigma.	Strategy 1.10.

Who is best placed to lead action?

Either individually or through partnerships across sectors, the following actors may be best placed to share the responsibility for the above actions and lead sustainable and scalable change, with input from children and young people:

- Universities and professional associations working with preservice and practicing teachers and health professionals.
- Schools and Education departments.

- Sporting clubs and community organisations involved in the design and delivery of play and leisure activities.
- Media.

TRANSPORT

Transport is critical to young people's ability to engage in school, work, sport and other physical activity or interests, as well as impacting their access to health services. When transport is lacking, unreliable, unsafe or unaffordable, it has a disproportionate impact on young people's lives.

The ability to travel independently through public transport or with a drivers' licence is often key to children and young people's participation in organised sport or access to recreation facilities.

However, many children and young people have reported feeling unsafe and unwelcome on public transport. On occasions where young people do not have enough money for a ticket or have forgotten their student identity cards, they describe feeling humiliated verbally and/or punished with significant fines by the transport system.

Further, a lack of consistent and well-connected public transport options limits children and young people's ability to get around without a car, particularly for children and young people living in regional areas, those who are too young to drive or face various barriers to obtain their license.

Many young people in regional communities report that the lack of connection between regions or between regions and the metropolitan area prevents them from accessing opportunities and they want to see better roads and more affordable transport and recreational facilities in their communities.

Recommended Actions

It is recommended that the 'Examples of actions' are more practical and child- and youth-specific to support young people's access to affordable transport options:

Recommended Actions	Relevant Strategy
Provide free public transport for children and young people in low-income families to support their full participation at school and in community activities.	Strategy 1.7, 1.8 and 3.1.
Allow children and young people to travel on trains with their bikes without needing to pay an extra ticket fare.	Strategy 1.7, 1.8 and 3.1.
Prevent public transport authorities from asking children and young people who are dressed in school uniform to verify their student identity.	Strategy 1.7, 1.8 and 3.1.

Who is best placed to lead action?

Either individually or through partnerships across sectors, the following actors may be best placed to share the responsibility for the above actions and lead sustainable, scalable change:

- All levels of government.
- Public transport authorities.
- Urban planners.
- Community organisations involved in the design and delivery of play and leisure activities.

CHILD AND YOUTH FRIENDLY HEALTH SYSTEMS AND SERVICES

Children and young people want all systems and services, including health systems and services, to be kind, inclusive, participatory, trustworthy, respectful and accountable.

While there has been significant consciousness-raising around health issues for young people, including obesity and mental health, there hasn't been equal attention given to the need to systemically embed the views of young people into health services, thereby addressing the barriers children and young people face to being and staying healthy. As such, while young people are aware of these significant problems, they do not consistently feel supported to seek help from the right place at the right time.

Whatever their circumstances, children and young people overwhelmingly want to be able to trust service providers, along with access to information that is clear, simple, detailed and unbiased. Older children are very clear that they did not want to be given information aimed at a five year old.

They describe feeling overlooked because of their age, and talked 'at' or 'about' rather than 'to' or 'with', often leading them to feel judged or blamed rather than supported. They want healthcare practitioners to ask them what the biggest issues and impacts are for them and to be responsive to what they say is most important, even when this differs from their own adult perceptions and personal experiences.

Recommended Actions

While 'preventing weight stigma' is tacked on to broader strategies under Ambition 3 In the draft Strategy, this needs to be prioritised in a way that promotes understanding of the needs, experiences and environments shaping children and families, including their experience or contact with other systems and services.

Recommended Actions	Relevant Strategy
Support health care practitioners and staff to implement payment measures that account for people's circumstances, including concession rates, bulk-billing and payment options.	Strategy 3.1.

Include public transport information on health practice or health service websites, eg. The nearest bus, train or tram routes and the closest stations or bus stops.	Strategy 3.1.
Support healthcare practitioners and staff, across all mental health, allied health and physical health services, to engage with children and young people and families about the following: <ul style="list-style-type: none"> • Physical activity, play and recreation, including opportunities to be active beyond organised sport or activities that require costly equipment or membership fees (eg. Opportunities to make use of free natural spaces for walking, cycling, running or unstructured physical activity with friends and family); • Nutrition; • Sleep; • Public transport; and • Cost and payment options, including bulk billing information. 	Strategies 3.3 and 3.4.
Having a range of age-appropriate information and resources available in schools, community centres, as well as community-based and specialised healthcare settings, about physical health and mental health support available to children and young people, ensuring: <ul style="list-style-type: none"> • Physical health and mental health support are integrated or joined up; • Services are affordable and accessible; • Specific support for transitions between child and youth services and adult services. 	Strategy 3.2.

Who is best placed to lead action?

Either individually or through partnerships across sectors, the following actors may be best placed to share the responsibility for the above actions and lead sustainable, scalable change:

- All levels of government.
- Local health networks.
- Universities and professional associations working with preservice and practicing teachers and health professionals.
- Private health practices.
- Schools.
- Public transport authorities.

ⁱ Nesta and The Behavioural Insights Team, 2021. Changing Minds about Changing Behaviours: Obesity in Focus. Available at <https://www.nesta.org.uk/report/changing-minds-about-changing-behaviours-obesity-focus/>.

ⁱⁱ School Meal Provision: A Rapid Evidence Review, November 2020, Physical Activity, Nutrition and Obesity Research Group (PANORG) Prevention Research Collaboration, The University of Sydney, Available at <https://ses.library.usyd.edu.au/bitstream/handle/2123/24060/School%20meal%20provision%20rapid%20review%20FINAL.pdf>.

ⁱⁱⁱ Nesta and The Behavioural Insights Team, 2021. Changing Minds about Changing Behaviours: Obesity in Focus. Available at <https://www.nesta.org.uk/report/changing-minds-about-changing-behaviours-obesity-focus/>. See also Dolly Theis and Martin White, 2021. Is Obesity Policy in England Fit For Purpose? Analysis of Government Strategies and Policies, 1992–2020. The Milbank Quarterly, vol. 99, no. 1, pp. 126–170. Available at <https://onlinelibrary.wiley.com/doi/10.1111/1468-0009.12498>.